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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/632,542
Filing Date	July 30, 2003
First Named Inventor	Mellen-Thomas Benedict
Art Unit	2875
Examiner Name	A. Alavi
Attorney Docket Number	MTB-004

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Request for Withdrawal as Attorney or Agent (in triplicate); and Return Post Card
<input type="checkbox"/> Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Offices of Schneck & Schneck		
Signature	<i>David Schneck</i>		
Printed name	David Schneck		
Date	October 14, 2005	Reg. No.	43,094

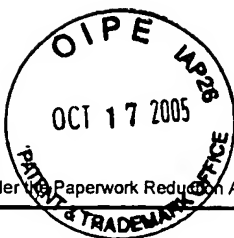
### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Merle P. Garcia</i>		
Typed or printed name	Merle P. Garcia	Date	October 14, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/83 (05-03)  
Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/632,542
Filing Date	July 30, 2003
First Named Inventor	Mellen-Thomas Benedict
Art Unit	2875
Examiner Name	A. Alavi
Attorney Docket Number	MTB-004

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

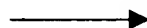
The reasons for this request are: Applicant has not paid his legal fees despite reminders and has not responded to our letters.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

### CORRESPONDENCE ADDRESS



Customer Number



Place Customer Number  
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Mellen-Thomas Benedict				
Address	1038 Pleasant Valley Road				
Address					
City	Aptos	State	CA	Zip	95003
Country	U.S.A.				
Telephone	(831) 763-9603			Fax	

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record.
  - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
  - ☒ the attorneys/agents associated with Customer Number

This request is enclosed in **triplicate** (including any attachments).

Name	David Schneck
Signature	
Date	October 14, 2005

**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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